

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-016689

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4599

FILED MAY 10 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN St. Louis

Length of stay in 1b  
4 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo. b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION De Paul Hospital

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
5370 Union Blvd.

Reside on Farm  
Yes ☐ No ☐

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
John Ralph Cooper

4. DATE OF DEATH  
Month Day Year  
5 3 62

5. SEX  
Male

6. COLOR OR RACE  
White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
4/27/92

9. AGE (last birthday)  
70

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Waiter - Ret.

10b. KIND OF BUSINESS OR INDUSTRY  
Men's Club

11. BIRTHPLACE (City and state or country)  
Germany

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

unknown

13b. MOTHER'S MAIDEN NAME

unknown

14. NAME OF HUSBAND OR WIFE

Ina Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT Address  
Mrs. Ina Cooper, 5370 Union Blvd.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Pulmonary Edema

INTERVAL BETWEEN ONSET AND DEATH  
18 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

metastasis of Carcinoma to Lungs

DUE TO (c)

Primary Ca of Colon

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

153.8

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Nov 1961 to May 3-62 and last saw him alive on 5-3-62

Death occurred at 12:05 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

John E. Shaner M.D.

22b. ADDRESS

Northland Med. Bldg

22c. DATE SIGNED

5-4-62

23a. BURIAL, CREMATION, REMOVAL (Specify)  
removal

23b. DATE  
5/7/62

23c. NAME OF CEMETERY OR CREMATORY  
Valhalla Cemetery

23d. LOCATION (City, town, or County)  
St. Louis County Mo.

(State)

24. FUNERAL DIRECTOR

Drehmann-Harral

ADDRESS

1905 Union

25. DATE RECD. BY LOCAL REG.

MAY 5 1962

26. REGISTRAR'S SIGNATURE

Paul Smith M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

DATE AMENDED

VS 300  
Rev. 4/59

1

2

3

4

5

6

7

8

9

10

11

12

13

59

Dr. John F. Shaner  
Northland Medical Bldg.  
Ev. 5-6010

Hrs. Office 4-5 Fri.

Hospital 10-11 Fri.  
10-11 Sat.  
call before going

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Albert R. Thompson*

Licensed Embalmer No.

*24237*

P. O. Address

*H. Jones*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.